

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION
USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention
CONTROL

SYSTEM AND METHOD FOR USING HOT GAS REHEAT FOR HUMIDITY

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: John Terry Knight

Signature:

Citizen of: United States of America

Inventor two: Stephen Wayne Bellah

Signature:

Citizen of: United States of America

Inventor three: Stephen Blake Pickle

Signature:

Citizen of: United States of America

Inventor four:

Signature:

Citizen of:

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	KNIGHT et al.
Title	SYSTEM AND METHOD FOR USING HOT GAS REHEAT FOR HUMIDITY CONTROL
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	20714-0026

I hereby appoint:



Practitioners at Customer
Number:

26587

OR



Practitioner(s) named below::

Name	Registration Number

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Address

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State

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Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John Terry Knight

Signature

Date

10-23-2003

Telephone

905 919 6381

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.



*Total of 3 forms are submitted.

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Examiner Name	n/a
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name Stephen Wayne Bellah

Signature

Date

Telephone

10-23-03 405-691-0633

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

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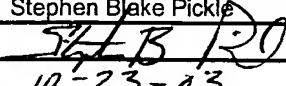
Fax

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SIGNATURE of Applicant or Assignee of Record

Name	Stephen Blake Pickle		
Signature			
Date	10-23-03	Telephone	(405) 419-6259

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